



Name: \_\_\_\_\_

Date: \_\_\_\_\_

PSC, NSC or Kell/Room No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Lab Phone #: \_\_\_\_\_

PI's Name: \_\_\_\_\_

**Return to:** Debby Walthall, PSC 519 with a copy  
front and back of your Panthercard

| Rm # | Equipment to be Used | Access |
|------|----------------------|--------|
|------|----------------------|--------|

PSC 637

Old UVP Imaging system ☐

**Applicant Signature:**

\_\_\_\_\_

As a member of the Research Faculty in the Biology-  
Department, I understand that my **Department and I**  
**are responsible for any damage** that may occur as a  
result of the use (or misuse) of the core facility by the  
student/staff member (named above).

**PI's Signature:**

\_\_\_\_\_

**Panther Card No. (# on front of Card)**

**601708**\_\_\_\_\_

**Authorization:**

\_\_\_\_\_